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Rev. 06/2006



## State of Idaho

Ben Ysursa Secretary of State

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To Be Filed By:

LOBBYISTS (Sec. 67-6619)

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THIS	SPACE FOR OFFICE	USE ONLY

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Annual	Semi-Angyal	OF	UP STATE

(Type or print clearly in black ink) AMENDED See instructions at bottom of page

Lobbyist's name and permanent business address Date prepared Period covered Tim Olson year ending 1211 W. Myrtle St, Ste. 110 1/03/07 (Mo.) (Day) (Yr.) Boise, ID 83702 12 31 06

Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Category of Expenditure Proportionate amounts contributed by each employer (Identify employers, under Reimbursed Personal Living and Travel \*Total Amount for Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 4 Employer No. 2 Employer No. 3 Entertainment 237.62 Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 237.62 0.00 0.00 0.00 0.00 Total

\*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

Item 2	The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.					
	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group		

Continued on attached page(s)

Item 3 INSTRUCTIONS Employer(s) Name(s) and Address(es) Regence BlueShield of Idaho Who should file this form: Any lobbyist registered under Section No. 1 67-6617 Idaho Code 1211 W. Myrtle St., Ste. 110 Boise, ID 83702 Filing deadline: Annual report is due on January 31st. Idaho Association of Health Plans Executive Lobbist semi-annual report due July 31st. P.O. Box 6191 Boise, ID 83707 TO BE FILED WITH: Ben Ysursa No. 3 Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

Item 4	perso	nal prop	erty to any Legis	ator, Public or Executive O	by the lobbyist's employer in the nature of contributions of money or other tangible or intangible oblic or Executive Official or for or on behalf of any Legislator, Public or Executive Official.			
Item		ext matter	Amount  of proposed legislat	ion, the number of the Senate	me of L	egislator, Public or Executive Offi		
5			Resolution or other as supporting or of	legislative activity in which possing.	Code	Subject		Subject
Subject (from			esolution or Other five Ident. Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, dederal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30	Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)
Item 6	con	tract bid		ecision, procurement, incial services agreement or opposing.	E	ERTIFICATION: I hereby certify the prect statement in accordance with S polyst signature player No. 1 signature applyer No. 2 signature		
					_	walescer No. 4 signature		Date

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